

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey Insurance Component

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

GENERAL PLAN INFORMATION

Please complete this Plan Information Questionnaire for the representative plan with the largest (or next largest) enrollment. Please select the plan which best represents all regions.

FOR CENSUS USE ONLY

100

1a. For 1999, what was the name of the health insurance plan with the largest (or next largest) national enrollment of active employees?

Examples:

- Blue Cross Blue Shield, High Option
- Option A
- Aetna, HMO

012 Name of plan

b. What was the name of the insurance company or carrier providing this plan?

Examples:

- Blue Cross Blue Shield
- Alliance
- Charter Health

Enter your company name if self-insured.

102 Name of insurance carrier

2. Which type of health care provider was available through this plan?

- 103 ☐ 1 Exclusive providers
(Examples: Most HMO, IPA, and EPO-type plans)
- ☐ 2 Any providers
(Examples: Most conventional or indemnity plans)
- ☐ 3 Mixture of preferred and any providers
(Examples: Most PPO and POS-type plans)

3. Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist?

For plans with multiple options, answer for the "in-network" option.

- 104 ☐ 1 Yes
- ☐ 2 No

4. Was this plan purchased from an insurance underwriter or was it self-insured?

Purchased from an insurance underwriter (fully insured) – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.

Self-insured – Your organization assumes the risk for enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

- 105 ☐ 1 Purchased – **SKIP to Page 2, Question 6**
- ☐ 2 Self-insured – *Continue with Question 5a*

SELF-INSURED PLAN INFORMATION

Complete Questions 5a–g if this plan was self-insured.

5a. Was this plan self-administered or did your company employ an insurance company or other administrator?

- 106 ☐ 1 Self-administered
- ☐ 2 Insurance company or other administrator

b. Did your company purchase stop-loss coverage?

- 107 ☐ 1 Yes
- ☐ 2 No

SELF-INSURED PLAN INFORMATION – Continued

5c. What was the ANNUAL COST of this plan for the 1999 plan year at ALL of the locations where it was offered?

Include the following:

- Claims paid
- Administrative costs
- The cost of stop-loss coverage (if any)

108

\$, , , , , , , , . 0 0

Annual plan cost

d. What percentage of the amount reported in 5c covered stop loss coverage and administrative costs?

560

%

Percentage for stop loss coverage and administrative costs

e. What was the monthly premium equivalent for ONE TYPICAL full-time employee with SINGLE coverage?

Estimates are acceptable.

Enter the COBRA amount when the premium equivalent is not available.

109

\$, , , , , , , , . 0 0

Single coverage

f. What was the monthly premium equivalent for ONE TYPICAL full-time employee with FAMILY coverage?

Family premiums should be calculated for a family of four if cost varies by family size.

110

\$, , , , , , , , . 0 0

Family coverage

g. Are the amounts reported in 5e and 5f premium equivalents or COBRA amounts?

Mark (X) only one.

111

1 ☐ Premium equivalents

2 ☐ COBRA amounts

PLAN AFFILIATION

6. Was this plan offered through a union or a trade association?

If this plan was offered through a union or trade association, please provide the information requested at the right. →

113

1 ☐ Union

2 ☐ Trade Association

3 ☐ Neither – Continue with Question 7a

114

Name of union or trade association

115

Local number, if a union

116

Name of insurance representative

117

Address (Number and street)

118

City

119

State

120

ZIP Code

121

Telephone number

()

ENROLLMENT

7a. How many active employees were enrolled in this plan during a typical pay period?

Estimates are acceptable for all enrollment figures.

Include full-time, part-time, temporary, and seasonal employees.

Exclude former employees, contract workers, and retirees.

125

Active employees enrolled in plan

b. How many of these active employees were enrolled in single coverage during a typical pay period?

129

Active employees enrolled in single coverage

c. How many FORMER employees were enrolled in this plan through COBRA or other state continuation-of-benefits laws during a typical pay period?

126

Former employees enrolled in plan

SINGLE COVERAGE PREMIUMS

*Report for typical situations and enrollees.
If premium varies, report for an average employee.
Report employer/employee contributions and total premium for the same period.*

8a. Was single coverage offered under this plan?

- 552 1 ☐ Yes – Continue with Question 8b
2 ☐ No – **SKIP to Question 9a**

b. For this plan, how much did the employer contribute toward the plan premium of ONE TYPICAL full-time employee with single coverage?

131 \$, . Employer contribution

c. How much did this typical employee with single coverage contribute toward his/her own premium?

132 \$, . Employee contribution

d. What was the total premium for this typical employee with single coverage?

130 \$, . **Total premium**
If this was a self-insured plan, this total should be the same as 5e on Page 2.

e. The amounts reported in questions 8b–d are based on which one of the following time periods?

Mark (X) only one.

- 133 1 ☐ Weekly
2 ☐ Every 2 weeks
3 ☐ Monthly
5 ☐ Quarterly
4 ☐ Yearly

FAMILY COVERAGE PREMIUMS

*Report for typical situations and enrollees.
Report employer/employee contributions and total premium for the same period.
Report for a family of four if cost varies by family size.*

9a. Was family coverage offered under this plan?

- 137 1 ☐ Yes – Continue with Question 9b
2 ☐ No – **SKIP to Page 4, Question 10a**

b. For this plan, how much did the employer contribute toward the plan premium of ONE TYPICAL full-time employee with family coverage?

135 \$, . Employer contribution

c. How much did this typical employee with family coverage contribute toward his/her own premium?

136 \$, . Employee contribution

d. What was the total premium for this typical employee with family coverage?

134 \$, . **Total premium**
If this was a self-insured plan, this total should be the same as 5f on Page 2.

e. The amounts reported in questions 9b–d are based on which one of the following time periods?

Mark (X) only one.

- 553 1 ☐ Weekly
2 ☐ Every 2 weeks
3 ☐ Monthly
5 ☐ Quarterly
4 ☐ Yearly

GENERAL PREMIUM INFORMATION

10a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?

Mark (X) all that apply.

- 138 ☐ Age
 139 ☐ Sex (Gender)
 140 ☐ Number of persons covered by a family plan
 141 ☐ Wage or salary levels
 142 ☐ Other – Specify

099

567 ☐ None of the above

b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by different employee categories?

Examples: Full-time, part-time, union status, wage or salary levels

- 143 1 ☐ Yes
 2 ☐ No

11. Did the plan premium include life and/or disability insurance?

Mark (X) all that apply.

- 144 ☐ Life insurance
 145 ☐ Disability insurance
 565 ☐ No life and/or disability insurance covered by this plan

INDIVIDUAL DEDUCTIBLES

12a. Did this plan have a deductible?

Deductible – Predetermined amount which must be met by an individual before the plan will pay for covered services.

Many HMOs do not have a deductible.

- 151 1 ☐ Yes – Continue with Question 12b
 2 ☐ No – **SKIP to Page 5, Question 14a**

b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers, if applicable.

Enter physician care and hospital care amounts in appropriate boxes if separate deductibles apply.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 14b on Page 5.

146 Individual annual deductible

OR

Separate deductibles for:

147 Physician care

148 Hospital care

FAMILY DEDUCTIBLES

13a. Did this plan require that a specific number of family members must meet their individual deductibles before the family deductible was met?

- 224 1 ☐ Yes – Continue with Question 13b
 2 ☐ No – **SKIP to Question 13c**
 3 ☐ Family coverage not offered – **SKIP to Page 5, Question 14a**

b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for typical situations and enrollees.

150 Number of family members

c. What was the total annual deductible a family paid?

Report for a family of four.

149 Total annual family deductible

PAYMENTS	
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
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91	100
92	100
93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

14a. Was hospital care covered under this plan?

2 ☐ No – **SKIP to Question 14c**

b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital stay after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Out-of-pocket expense – Those costs paid directly by the enrollee.

Report for precertified hospital stays (if applicable).

Report for stays at "in-network"/participating hospitals (if applicable).

Do not include any physician charges incurred during the hospital stay.

Paid by enrollee

C. Was physician care covered under this plan?

2 ☐ No – **SKIP to Question 15a**

d. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Out-of-pocket expense – Those costs paid directly by the enrollee.

Report the copayment for an "in-network"/participating general practitioner during normal office hours.

Paid by enrollee

15a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?

☐ No lifetime maximum

b. What was the maximum amount this plan would have paid for an enrollee in one year?

☐ No annual maximum

16a. What was the maximum annual out-of-pocket expense for an individual?
Out-of-pocket expense – Those costs paid directly by the enrollee.
 This is often referred to as a catastrophic limit.
Include all copayments and deductibles.

☐ No individual maximum

b. What was the maximum annual out-of-pocket expense for a family of four?

☐ No family maximum

PLAN CHARACTERISTICS

17a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions?	<div style="display: flex; justify-content: space-between;"> 183 <div> 1 <input type="checkbox"/> Yes – <i>Continue with Question 17b</i> 2 <input type="checkbox"/> No – SKIP to Question 18 </div> </div>																																																																																															
b. Did this happen in 1999?	<div style="display: flex; justify-content: space-between;"> 184 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> </div>																																																																																															
18. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	<div style="display: flex; justify-content: space-between;"> 185 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> </div>																																																																																															
19. In what month did the plan year begin? <i>Enter a two-digit numeric response.</i> Example: January = 01; May = 05	<div style="display: flex; justify-content: space-between;"> 123 <div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 5px;"></div> Month </div> </div>																																																																																															
20. Which of the services listed were covered by this plan?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">Yes (1)</th> <th style="width: 5%; text-align: center;">No (2)</th> <th style="width: 10%; text-align: center;">Don't know (3)</th> </tr> </thead> <tbody> <tr><td>164</td><td>Routine mammograms</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>165</td><td>Adult routine physical exams</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>166</td><td>Routine pap smears</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input 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*** PLEASE NOTE ***

If your organization offered only one health insurance plan, please end the form.

If your organization offered more than one health insurance plan, please complete a General Plan Information Questionnaire for each plan that was offered, up to three plans.